

Practitioner's Docket No. 0469/129

PATENT

# 11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nashner, Lewis

Application No.: 09/145,255

Filed: 09/01/1998

For: Apparatus and Method for Movement Coordination Analysis

Group No.: 3736

Examiner: Hindenburg, M.

Commissioner for Patents  
Washington, D.C. 20231

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

02/27/2002 SECRETARY OF PATENT & TRADEMARK OFFICE  
01 FEB 17 2002  
2. Applicant is other than a small entity.  
\$20.00 CH

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ORIGINALLY FILED

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$920.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: January 11, 2002

Elizabeth P. Morano  
Signature

Elizabeth P. Morano  
(type or print name of person certifying)

### **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	15	Minus	20	= 0	x \$18 =	\$0
Indep.	7	Minus	10	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
					Total Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write 00 in Col. 3,

\*\* If the Highest No. Previously Paid For IN THIS SPACE (Column 2, Row 1) is less than 20, enter 20.

\*\*\* If the Highest No. Previously Paid For IN THIS SPACE (Column 2, Row 2) is less than 3, enter 3.

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.


#### FEE PAYMENT

5. Attached is a check in the sum of \$920.00.

#### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.  
If any additional fee for claims is required, charge Account No. 19-4972.

Date: January 11, 2002



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